

## Referral to Homeless Education Liaison

(For individual supervisory union/school district use only. Do not submit to the Vermont Department of Education)

Date: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

School/Agency and Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Student Information:

I have identified a student who may be experiencing homelessness (*lacking a fixed, regular, and adequate nighttime residence*) and would like to make a referral to the Homeless Education Liaison.

Student(s) Name(s): \_\_\_\_\_

School in which student was last enrolled: \_\_\_\_\_

Student's current address: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Reason for Referral: *Please check and provide details if available.*

- ☐ Shelter Resident
- ☐ Shared Housing (Doubled Up)
- ☐ Motel or Hotel Resident
- ☐ Campground/Tent
- ☐ Unaccompanied Youth (not in the physical custody of a parent or guardian and lacking a fixed, adequate, and regular nighttime residence)
- ☐ Other: \_\_\_\_\_

### Liaison Information:

Supervisory Union/School District: \_\_\_\_\_

Homeless Education Liaison: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Liaison received referral: \_\_\_\_\_